



# City of Salem, Massachusetts

## Police Department Headquarters

95 Margin Street

Salem, Massachusetts 01970

(978) 744-2204

Mary E. Butler

Chief of Police

30 November 2018

MuckRock News  
Dept MR 64380  
411A Highland Avenue  
Somerville, Massachusetts 02144-2516

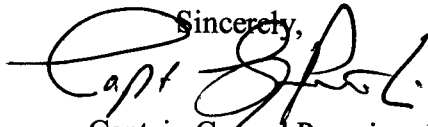
Dear MuckRock News,

Receipt of your public records request dated November 27, 2018 pertaining to incident reports covering the period July 1, 2018 to November 27, 2018, on the following locations is acknowledged;

50 Grove Street, Salem, Massachusetts 01970  
39 Norman Street, Salem, Massachusetts 01970

All responsive Salem Police Department incident reports for 50 Grove Street are appended as enclosure (1).

The Salem Police Department holds no incident reports regarding 39 Norman Street for the identified time period.

Sincerely,  
  
Captain Conrad Prosniewski  
Salem Police Department  
Keeper of the Records

Encl: (1) SPD Incident Reports, 50 Grove St., 01JUL18-27NOV18

## CAD Remarks for Incident 1800034587

IDLCHG: MPROSNIIEWS Created: 11/27/18 18:05:07:757 SALEMPD\mprosniewski

LOOSE PUPPY IN PARKING LOT

IDLCHG: DFAMICO Created: 11/27/18 18:19:27:020 SALEMPD\mprosniewski

CLEAR ACO NOTIFIED

IDLCHG: DFAMICO Created: 11/28/18 12:14:14:357 SALEMPD\dfamico

TAN MALE CHIGUAGUA PICKED UP AND TAKEN TO THE STATION FROM HARMONY GROVE ROAD.  
DOG HAS ON A BANFIELD RABIES TAG # 724538 ATTEMPTING TO CONTACT OWNER AT THIS TIME.  
DOG TRANSPORTED 11-28-18 TO BORASH VET FOR SAFE KEEPING.

Salem Police Department  
Records Division  
95 Margin Street  
Salem, MA 01970

# SALEM POLICE DEPARTMENT

95 Margin Street, Salem MA 01970  
(978) 744-1212

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## CASE/INCIDENT REPORT

SUPPLEMENTARY

CFS NO 1800034098	DAY 6	INCIDENT DATE 11/23/2018 11/23/2018	TIME 11:01	DATE OF RPT 11/23/2018	TIME OF RPT 14:25	TYPE OF INCIDENT ALARM - COMMERCIAL	INCIDENT CD ALMCOM	INVESTIGATING OFFICER Patrol Officer SALVO, TIMOTHY	BADGE NO 69
DIVISION	DIVISION NO	REFERENCE DIVISION	REFERENCE DIVISION NO	CASE X-REFERENCE	UNIT ID 69	TYPIST TSALVO	DATE TYPED 11/23/2018	TIME TYPED 14:25	
STREET NO 00050	STREET NAME AND TYPE GROVE St SALEM	APARTMENT NO/LOCATION	INTERSECTING STREET NAME AND TYPE	STATUS Report	TOWN CD T258				
OFFENSE		LOCAL X-REF CODE	IBR CODE	ATT/COMP	OFFENSE DESCRIPTION				
ALARMS - COMMERCIAL		700	INF	Completed	Other/unknown				
STATUS CODE C=COMPLAINANT V=VICTIM A=ARRESTEE J=JUVENILE H=OTHER M=MISSING W=WITNESS O=OFFENDER D=DRIVER S=SUSPECT P=POLICE OFFICER T=TOT									
STATUS	NAME	SEX	RACE	D.O.B.	TELEPHONE	ADDRESS	OP STATE & NO.		
H	Bradley, Vicki								

ON 11/23/18 AT ABOUT 1101 HRS THIS OFFICER, SALVO, CAR 35, AND OFFICER RYAN RESPONDED TO THE MOOSE LODGE LOCATED AT 50 GROVE ST FOR REPORT OF AN ALARM ACTIVATION. UPON ARRIVAL I SPOKE TO EMPLOYEE VICKI BRADLEY WHO REPORTED SHE ACCIDENTALLY SET OFF THE ALARM.

THE UNDERSIGNED, AN INVESTIGATOR HAVING BEEN DULY SWORN DEPOSES AND SAYS THAT: I AM THE WRITER OF THE ATTACHED POLICE REPORT PERTAINING TO THIS INCIDENT NUMBER. THAT THE INFORMATION CONTAINED THEREIN WAS SECURED AS A RESULT OF (1) MY PERSONAL OBSERVATION AND KNOWLEDGE; OR (2) INFORMATION RELAYED TO ME BY OTHER MEMBERS OF MY POLICE DEPARTMENT OR OF ANOTHER POLICE DEPARTMENT; OR (3) INFORMATION SECURED BY MYSELF OR ANOTHER MEMBER OF A POLICE DEPARTMENT FROM THE PERSON OR PERSONS NAMED OR IDENTIFIED THEREIN, AS INDICATED IN THE ATTACHED REPORT. THAT THE REPORT IS AN ACCURATE STATEMENT OF THE INFORMATION SO RECEIVED BY ME.				
INVESTIGATOR SIGNATURE: <b>/OFC. TIMOTHY SALVO/</b>	INVESTIGATOR I.D.#: 69	SIGNED DATE: 11/23/2018	SUPERVISOR SIGNATURE <b>/LT. DAVID TUCKER/</b>	SUPERVISOR I.D.#: 125

# SALEM POLICE DEPARTMENT

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## CASE/INCIDENT REPORT

SUPPLEMENTARY

CFS NO 1800033006	DAY 1	INCIDENT DATE 11/11/2018 11/11/2018	TIME 10:04	DATE OF RPT 11/11/2018	TIME OF RPT 11:41	TYPE OF INCIDENT ALARM - COMMERCIAL	INCIDENT CD ALMCOM	INVESTIGATING OFFICER Patrol Officer MONK, ROBERT	BADGE NO 187
DIVISION	DIVISION NO	REFERENCE DIVISION	REFERENCE DIVISION NO	CASE X-REFERENCE	UNIT ID 187	TYPIST RMONK	DATE TYPED 11/11/2018	TIME TYPED 11:41	
STREET NO 00050	STREET NAME AND TYPE GROVE St SALEM	APARTMENT NO/LOCATION	INTERSECTING STREET NAME AND TYPE	STATUS Report	TOWN CD T258				
OFFENSE		LOCAL X-REF CODE	IBR CODE	ATT/COMP	OFFENSE DESCRIPTION				
ALARMS - COMMERCIAL		700	INF	Completed	Specialty Store				
STATUS CODE C=COMPLAINANT V=VICTIM A=ARRESTEE J=JUVENILE H=OTHER M=MISSING W=WITNESS O=OFFENDER D=DRIVER S=SUSPECT P=POLICE OFFICER T=TOT									
STATUS	NAME	SEX	RACE	D.O.B.	TELEPHONE	ADDRESS	OP STATE & NO.		
H	Lavalle, John								

On 11/11/2018 at 1004hrs, Unit 26 (R.Monk) was dispatched to 50 Grove St for an alarm. Upon arrival I was met by the Security Guard John Lavalle who stated there were new tennants moving into the building and the alarm was accidentally triggered.

THE UNDERSIGNED, AN INVESTIGATOR HAVING BEEN DULY SWORN DEPOSES AND SAYS THAT: I AM THE WRITER OF THE ATTACHED POLICE REPORT PERTAINING TO THIS INCIDENT NUMBER. THAT THE INFORMATION CONTAINED THEREIN WAS SECURED AS A RESULT OF (1)MY PERSONAL OBSERVATION AND KNOWLEDGE: OR (2)INFORMATION RELAYED TO ME BY OTHER MEMBERS OF MY POLICE DEPARTMENT OR OF ANOTHER POLICE DEPARTMENT:OR (3)INFORMATION SECURED BY MYSELF OR ANOTHER MEMBER OF A POLICE DEPARTMENT FROM THE PERSON OR PERSONS NAMED OR IDENTIFIED THEREIN, AS INDICATED IN THE ATTACHED REPORT. THAT THE REPORT IS AN ACCURATE STATEMENT OF THE INFORMATION SO RECEIVED BY ME.				
INVESTIGATOR SIGNATURE: <b>/OFC. ROBERT MONK/</b>	INVESTIGATOR I.D.#: 187	SIGNED DATE: 11/11/2018	SUPERVISOR SIGNATURE <b>/LT. DAVID TUCKER/</b>	SUPERVISOR I.D.#: 125

# SALEM POLICE DEPARTMENT

95 Margin Street, Salem MA 01970  
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## CASE/INCIDENT REPORT REDACTED

### SUPPLEMENTARY

CFS NO 1800032145	DAY 6	INCIDENT DATE 11/02/2018	TIME 19:44	DATE OF RPT 11/02/2018	TIME OF RPT 22:27	TYPE OF INCIDENT MEDICAL AID - HOT	INCIDENT CD MEDHOT	INVESTIGATING OFFICER Patrol Officer MONK, KRISTINA C.	BADGE NO 191
DIVISION		DIVISION NO	REFERENCE DIVISION	REFERENCE DIVISION NO	CASE X-REFERENCE	UNIT ID 191	TYPIST KMONK	DATE TYPED 11/02/2018	TIME TYPED 22:27
STREET NO 00050	STREET NAME AND TYPE GROVE St SALEM		APARTMENT NO/LOCATION 218	INTERSECTING STREET NAME AND TYPE		STATUS Report		TOWN CD T258	

OFFENSE MEDICAL - GENERAL	LOCAL X-REF CODE 180	IBR CODE INF	ATT/COMP Completed	OFFENSE DESCRIPTION Other/unknown
AMBULANCE ASSIST	20A	INF	Completed	Other/unknown

STATUS CODE C=COMPLAINANT V=VICTIM A=ARRESTEE J=JUVENILE H=OTHER M=MISSING W=WITNESS O=OFFENDER D=DRIVER S=SUSPECT P=POLICE OFFICER T=TOT

STATUS NAME [REDACTED] SEX [REDACTED] RACE [REDACTED] D.O.B. [REDACTED] TELEPHONE [REDACTED] ADDRESS [REDACTED] OP STATE & NO. [REDACTED]

On 11/2/18 at 7:44pm, Unit 26 (K. Monk) responded to the Moose Lodge, 50 Grove St., for the report of an intoxicated party. Upon arrival contact was made outside on Grove St. with [REDACTED] who was requesting detox. Atlantic Ambulance arrived and Anderson was transported to Salem ES for further care.

Salem Police Department  
Records Division  
95 Margin Street  
Salem, MA 01970

THE UNDERSIGNED, AN INVESTIGATOR HAVING BEEN DULY SWORN DEPOSES AND SAYS THAT: I AM THE WRITER OF THE ATTACHED POLICE REPORT PERTAINING TO THIS INCIDENT NUMBER.

THAT THE INFORMATION CONTAINED THEREIN WAS SECURED AS A RESULT OF (1) MY PERSONAL OBSERVATION AND KNOWLEDGE; OR (2) INFORMATION RELAYED TO ME BY OTHER MEMBERS OF MY POLICE DEPARTMENT OR OF ANOTHER POLICE DEPARTMENT; OR (3) INFORMATION SECURED BY MYSELF OR ANOTHER MEMBER OF A POLICE DEPARTMENT FROM THE PERSON OR PERSONS NAMED OR IDENTIFIED THEREIN, AS INDICATED IN THE ATTACHED REPORT. THAT THE REPORT IS AN ACCURATE STATEMENT OF THE INFORMATION SO RECEIVED BY ME.

INVESTIGATOR SIGNATURE:	INVESTIGATOR I.D.#:	SIGNED DATE:	SUPERVISOR SIGNATURE	SUPERVISOR I.D.#:
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# SALEM POLICE DEPARTMENT

95 Margin Street, Salem MA 01970  
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## CASE/INCIDENT REPORT

## SUPPLEMENTARY

CFS NO 1800028544	DAY 3	INCIDENT DATE 10/02/2018 10/02/2018	TIME 15:14	DATE OF RPT 10/02/2018	TIME OF RPT 15:43	TYPE OF INCIDENT ALARM - HOLD UP / PANIC	INCIDENT CD ALMHUP	INVESTIGATING OFFICER Patrol Officer CLAUDINO, STEVEN A.	BADGE NO 204
DIVISION Patrol	DIVISION NO 26	REFERENCE DIVISION	REFERENCE DIVISION NO	CASE X-REFERENCE	UNIT ID 167	TYPIST SCLAUDINO	DATE TYPED 10/02/2018	TIME TYPED 15:43	
STREET NO 00050	STREET NAME AND TYPE GROVE St SALEM	APARTMENT NO/LOCATION	INTERSECTING STREET NAME AND TYPE	STATUS Report	TOWN CD T258				
OFFENSE ELDER INVOLVED (OVER 60)	LOCAL X-REF CODE 91W	IBR CODE INF	ATT/COMP Completed	OFFENSE DESCRIPTION Other/unknown					
ALARMS - HOLD-UP / PANIC	707	INF	Completed	Other/unknown					
STATUS CODE C=COMPLAINANT V=VICTIM A=ARRESTEE J=JUVENILE H=OTHER M=MISSING W=WITNESS O=OFFENDER D=DRIVER S=SUSPECT P=POLICE OFFICER T=TOT									
STATUS	NAME	SEX	RACE	D.O.B.	TELEPHONE	ADDRESS	OP STATE & NO.		
H	CHRISTY, GEORGE R								
H	Krigest, Steven								

ON TUESDAY 10/02/18, I OFFICER CLAUDINO WAS ASSIGNED TO MARKED CRUISER #26. AT APPROXIMATELY 15:14 HOURS OFFICER GROSS AND I WERE DISPATCHED TO 50 GROVE STREET FOR ALARM PANIC ALARM.

UPON ARRIVAL I SPOKE WITH Steven Krigest WHO IS AN ALARM TECHNICIAN FOR PROTECTION ONE. KRIGEST WAS WORKING ON THE PANIC ALARM WHEN THE POLICE STATION RECEIVED A 911 PANIC ALARM. HE RELATED THAT HE HAD PUT THE ALARM INTO A TWO HOUR TEST. THESE OFFICERS DID A CHECK OF THE BUILDING WITH THE DIRECTOR OF SECURITY GEORGE R CHRISTY. ALL APPEARS NORMAL AT THIS TIME.

THE UNDERSIGNED, AN INVESTIGATOR HAVING BEEN DULY SWORN DEPOSES AND SAYS THAT: I AM THE WRITER OF THE ATTACHED POLICE REPORT PERTAINING TO THIS INCIDENT NUMBER. THAT THE INFORMATION CONTAINED THEREIN WAS SECURED AS A RESULT OF (1)MY PERSONAL OBSERVATION AND KNOWLEDGE; OR (2)INFORMATION RELAYED TO ME BY OTHER MEMBERS OF MY POLICE DEPARTMENT OR OF ANOTHER POLICE DEPARTMENT;OR (3)INFORMATION SECURED BY MYSELF OR ANOTHER MEMBER OF A POLICE DEPARTMENT FROM THE PERSON OR PERSONS NAMED OR IDENTIFIED THEREIN, AS INDICATED IN THE ATTACHED REPORT. THAT THE REPORT IS AN ACCURATE STATEMENT OF THE INFORMATION SO RECEIVED BY ME.

INVESTIGATOR SIGNATURE: <b>/OFC. STEVEN A CLAUDINO/</b>	INVESTIGATOR I.D.#: 204	SIGNED DATE: 10/02/2018	SUPERVISOR SIGNATURE <b>/SGT. JOHN BURKE/</b>	SUPERVISOR I.D.#: 136
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# SALEM POLICE DEPARTMENT

95 Margin Street, Salem MA 01970  
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## CASE/INCIDENT REPORT

SUPPLEMENTARY

CFS NO 1800027423	DAY 7	INCIDENT DATE 09/22/2018 09/22/2018	TIME 19:58	DATE OF RPT 09/22/2018	TIME OF RPT 21:31	TYPE OF INCIDENT UNDESIRABLE / UNWANTED GUEST	INCIDENT CD UNDES	INVESTIGATING OFFICER Patrol Officer MALIONEK, TEGHAN A.	BADGE NO 199
DIVISION Patrol	DIVISION NO 24	REFERENCE DIVISION	REFERENCE DIVISION NO	CASE X-REFERENCE	UNIT ID 199	TYPIST TMALIONEK	DATE TYPED 09/22/2018	TIME TYPED 21:31	
STREET NO 00050	STREET NAME AND TYPE GROVE ST SALEM	APARTMENT NO/LOCATION 218	INTERSECTING STREET NAME AND TYPE	STATUS Report	TOWN CD T258				
OFFENSE UNDESIRABLE		LOCAL X-REF CODE 914	IBR CODE INF	ATT/COMP Completed	OFFENSE DESCRIPTION Highway/road/alley				
NO PERM RESIDENCE / HOMELESS		91B	INF	Completed	Highway/road/alley				
STATUS CODE C=COMPLAINANT V=VICTIM A=ARRESTEE J=JUVENILE H=OTHER M=MISSING W=WITNESS O=OFFENDER D=DRIVER S=SUSPECT P=POLICE OFFICER T=TOT									
STATUS	NAME	SEX	RACE	D.O.B.	TELEPHONE	ADDRESS	OP STATE & NO.		
H	MOOSE LODGE					50 GROVE ST SALEM MA			
H	RAVELO, KIARA M								
H	Tobin, Alyssa								

On 09/22/2018 at 7:58PM this officer (MalioneK) assigned to full uniformed patrol in unit 24 responded to 50 Grove St on the report of undesirables asking people for cigarettes.

Upon arrival contact was made with Kiana Ravelo and Alyssa Tobin. Both parties stated that they were indeed asking people for cigarettes. This officer checked both parties for warrants and sent them on their way without issue. Clear.

THE UNDERSIGNED, AN INVESTIGATOR HAVING BEEN DULY SWORN DEPOSES AND SAYS THAT: I AM THE WRITER OF THE ATTACHED POLICE REPORT PERTAINING TO THIS INCIDENT NUMBER. THAT THE INFORMATION CONTAINED THEREIN WAS SECURED AS A RESULT OF (1)MY PERSONAL OBSERVATION AND KNOWLEDGE; OR (2)INFORMATION RELAYED TO ME BY OTHER MEMBERS OF MY POLICE DEPARTMENT OR OF ANOTHER POLICE DEPARTMENT;OR (3)INFORMATION SECURED BY MYSELF OR ANOTHER MEMBER OF A POLICE DEPARTMENT FROM THE PERSON OR PERSONS NAMED OR IDENTIFIED THEREIN, AS INDICATED IN THE ATTACHED REPORT. THAT THE REPORT IS AN ACCURATE STATEMENT OF THE INFORMATION SO RECEIVED BY ME.				
INVESTIGATOR SIGNATURE: <b>/OFC. TEGHAN A MALIONEK/</b>	INVESTIGATOR I.D.#: 199	SIGNED DATE: 09/22/2018	SUPERVISOR SIGNATURE <b>/LT. MARC BERUBE/</b>	SUPERVISOR I.D.#: 122

# SALEM POLICE DEPARTMENT

95 Margin Street, Salem MA 01970  
(978) 744-1212

SUPPLEMENTARY

## CASE/INCIDENT REPORT REDACTED

CFS NO 1800025975	DAY 2	INCIDENT DATE 09/10/2018	TIME 15:15	DATE OF RPT 09/10/2018	TIME OF RPT 15:32	TYPE OF INCIDENT MEDICAL AID - HOT	INCIDENT CD MEDHOT	INVESTIGATING OFFICER Patrol Officer RONDINELLI, JESSICA	BADGE NO 185
DIVISION Patrol	DIVISION NO 24	REFERENCE DIVISION	REFERENCE DIVISION NO	CASE X-REFERENCE	UNIT ID 185	DATE TYPED 09/10/2018	TIME TYPED 15:32		
STREET NO 00050		STREET NAME AND TYPE GROVE St SALEM		APARTMENT NO/LOCATION 218	INTERSECTING STREET NAME AND TYPE		STATUS Report	TOWN CD T258	

OFFENSE LOCAL X-REF CODE IBR CODE ATT/COMP OFFENSE DESCRIPTION

ELDER INVOLVED (OVER 60)

91W INF Completed Other/unknown

MEDICAL - GENERAL

180 INF Completed Other/unknown

AMBULANCE ASSIST

20A INF Completed Other/unknown

FIRE DEPT ASSIST

20I INF Completed Other/unknown

STATUS CODE C=COMPLAINANT V=VICTIM A=ARRESTEE J=JUVENILE H=OTHER M=MISSING W=WITNESS O=OFFENDER D=DRIVER S=SUSPECT P=POLICE OFFICER T=TOT

STATUS	NAME	SEX	RACE	D.O.B.	TELEPHONE	ADDRESS	OP STATE & NO.
H	MOOSE LODGE						
H							

On Monday, September 10, 2018, I, Officer Rondinelli was assigned full uniform patrol in marked unit 24 between 8am - 4pm. At approximately 3:15pm, I, responded to The Moose Club, 50 Grove Street, for a report of a female party with chest pains.

Upon arrival with Atlantic Ambulance and Salem Fire we spoke to [REDACTED] who stated that she was experiencing severe chest pains. [REDACTED] was transported to North Shore Medical Center by Atlantic Ambulance.

Salem Police Department  
Records Division  
95 Margin Street  
Salem, MA 01970

THE UNDERSIGNED, AN INVESTIGATOR HAVING BEEN DULY SWORN, DEPOSES AND SAYS THAT: I AM THE WRITER OF THE ATTACHED POLICE REPORT PERTAINING TO THIS INCIDENT NUMBER. THAT THE INFORMATION CONTAINED THEREIN WAS SECURED AS A RESULT OF (1) MY PERSONAL OBSERVATION AND KNOWLEDGE; OR (2) INFORMATION RELAYED TO ME BY OTHER MEMBERS OF MY POLICE DEPARTMENT OR OF ANOTHER POLICE DEPARTMENT; OR (3) INFORMATION SECURED BY MYSELF OR ANOTHER MEMBER OF A POLICE DEPARTMENT FROM THE PERSON OR PERSONS NAMED OR IDENTIFIED THEREIN, AS INDICATED IN THE ATTACHED REPORT. THAT THE REPORT IS AN ACCURATE STATEMENT OF THE INFORMATION SO RECEIVED BY ME.

INVESTIGATOR SIGNATURE:	INVESTIGATOR I.D.#:	SIGNED DATE:	SUPERVISOR SIGNATURE	SUPERVISOR I.D.#:
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# SALEM POLICE DEPARTMENT

95 Margin Street, Salem MA 01970  
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SUPPLEMENTARY

## CASE/INCIDENT REPORT REDACTED

CFS NO 1800021150	DAY 7	INCIDENT DATE 07/28/2018	TIME 14:08	DATE OF RPT 07/28/2018	TIME OF RPT 15:44	TYPE OF INCIDENT MEDICAL AID - NO EMD	INCIDENT CD MED	INVESTIGATING OFFICER Patrol Officer JULIO, JONATHAN	BADGE NO 216
DIVISION Patrol	DIVISION NO	REFERENCE DIVISION	REFERENCE DIVISION NO	CASE X-REFERENCE	UNIT ID 216	TYPYST JJULIO	DATE TYPED 07/28/2018	TIME TYPED 15:44	
STREET NO 00050		STREET NAME AND TYPE GROVE St SALEM		APARTMENT NO/LOCATION		INTERSECTING STREET NAME AND TYPE		STATUS Report	TOWN CD T258

OFFENSE	LOCAL X-REF CODE	IBR CODE	ATT/COMP	OFFENSE DESCRIPTION
ELDER INVOLVED (OVER 60)	91W	INF	Completed	Other/unknown
ALCOHOL RELATED	003	INF	Completed	Other/unknown
MEDICAL - GENERAL	180	INF	Completed	Other/unknown
AMBULANCE ASSIST	20A	INF	Completed	Other/unknown
FIRE DEPT ASSIST	20I	INF	Completed	Other/unknown

STATUS CODE C=COMPLAINANT V=VICTIM A=ARRESTEE J=JUVENILE H=OTHER M=MISSING W=WITNESS O=OFFENDER D=DRIVER S=SUSPECT P=POLICE OFFICER T=TOT

STATUS	NAME	SEX	RACE	D.O.B.	TELEPHONE	ADDRESS	OP STATE & NO.
H	MOOSE LODGE						
H							

1=NONE 2=BURNED 3=COUNTERFEIT/FORGED 4=DAMAGED/DEST 5=RECOVERED 6=SEIZED 7=STOLEN 8=UNKNOWN 9=IMPOUNDED/FOUND T=TOWED E=EVIDENCE A=ABANDONED

CODE	QTY	DESCRIPTION	BRAND	MODEL	YEAR	STATE	REG	MAKE	MODEL	COLOR	VIN/SERIAL NO.	EST. VALUE
1												

On July 28, 2018 while working assigned shift 08:00-16:00 hours in marked unit #24 I, Ofc. Julio along with Ofc. Crabtree responded to 50 Grove St. (The Moose Lodge) on report of an elder male party in medical distress arriving at approximately 14:15 hours.

Upon arrival Atlantic EMS and the Fire Department were already on scene. Atlantic was performing an evaluation of [REDACTED]

THE UNDERSIGNED, AN INVESTIGATOR HAVING BEEN DULY SWORN DEPOSES AND SAYS THAT: I AM THE WRITER OF THE ATTACHED POLICE REPORT PERTAINING TO THIS INCIDENT NUMBER. THAT THE INFORMATION CONTAINED THEREIN WAS SECURED AS A RESULT OF (1) MY PERSONAL OBSERVATION AND KNOWLEDGE; OR (2) INFORMATION RELAYED TO ME BY OTHER MEMBERS OF MY POLICE DEPARTMENT OR OF ANOTHER POLICE DEPARTMENT; OR (3) INFORMATION SECURED BY MYSELF OR ANOTHER MEMBER OF A POLICE DEPARTMENT FROM THE PERSON OR PERSONS NAMED OR IDENTIFIED THEREIN, AS INDICATED IN THE ATTACHED REPORT. THAT THE REPORT IS AN ACCURATE STATEMENT OF THE INFORMATION SO RECEIVED BY ME.

INVESTIGATOR SIGNATURE:	INVESTIGATOR I.D.#:	SIGNED DATE:	SUPERVISOR SIGNATURE	SUPERVISOR I.D.#:
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SALEM POLICE DEPARTMENT

95 Margin Street, Salem MA 01970  
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CASE/INCIDENT REPORT REDACTED

SUPPLEMENTARY

CFS NO 1800021150	DAY 7	INCIDENT DATE 07/28/2018	TIME 14:08	DATE OF RPT 07/28/2018	TIME OF RPT 15:44	TYPE OF INCIDENT MEDICAL AID - NO EMD	INCIDENT CD MED	INVESTIGATING OFFICER Patrol Officer JULIO, JONATHAN	BADGE NO 216
DIVISION Patrol	DIVISION NO		REFERENCE DIVISION	REFERENCE DIVISION NO	CASE X-REFERENCE	UNIT ID 216	TYPIST JJULIO	DATE TYPED 07/28/2018	TIME TYPED 15:44
STREET NO 00050	STREET NAME AND TYPE GROVE St SALEM		APARTMENT NO/LOCATION	INTERSECTING STREET NAME AND TYPE		STATUS Report		TOWN CD T258	

[REDACTED] stated that he did not collapse or fall and that he was just "resting on the ground" after drinking a beer. Atlantic found no medical emergency and when asked if he would like to be transported to the hospital, [REDACTED] refused stating that he was feeling fine.

[REDACTED] was concious and alert with no visable injuries upon our departure.

Salem Police Department  
Records Division  
95 Margin Street  
Salem, MA 01970

THE UNDERSIGNED, AN INVESTIGATOR HAVING BEEN DULY SWORN, DEPOSES AND SAYS THAT: I AM THE WRITER OF THE ATTACHED POLICE REPORT PERTAINING TO THIS INCIDENT NUMBER. THAT THE INFORMATION CONTAINED THEREIN WAS SECURED AS A RESULT OF (1) MY PERSONAL OBSERVATION AND KNOWLEDGE; OR (2) INFORMATION RELAYED TO ME BY OTHER MEMBERS OF MY POLICE DEPARTMENT OR OF ANOTHER POLICE DEPARTMENT; OR (3) INFORMATION SECURED BY MYSELF OR ANOTHER MEMBER OF A POLICE DEPARTMENT FROM THE PERSON OR PERSONS NAMED OR IDENTIFIED THEREIN, AS INDICATED IN THE ATTACHED REPORT. THAT THE REPORT IS AN ACCURATE STATEMENT OF THE INFORMATION SO RECEIVED BY ME.

INVESTIGATOR SIGNATURE:	INVESTIGATOR I.D.#:	SIGNED DATE:	SUPERVISOR SIGNATURE	SUPERVISOR I.D.#:
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# SALEM POLICE DEPARTMENT

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95 Margin Street, Salem MA 01970  
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## CASE/INCIDENT REPORT

SUPPLEMENTARY

CFS NO 1800020758	DAY 3	INCIDENT DATE 07/24/2018 07/24/2018	TIME 20:14	DATE OF RPT 07/24/2018	TIME OF RPT 20:59	TYPE OF INCIDENT SUSPICIOUS PERSON / MV	INCIDENT CD SUSP	INVESTIGATING OFFICER Sergeant ROCHEVILLE, HARRY	BADGE NO 55
DIVISION	DIVISION NO	REFERENCE DIVISION	REFERENCE DIVISION NO	CASE X-REFERENCE	UNIT ID 55	TYPIST HROCHEVILL	DATE TYPED 07/24/2018	TIME TYPED 20:59	
STREET NO 00050	STREET NAME AND TYPE GROVE St SALEM	APARTMENT NO/LOCATION	INTERSECTING STREET NAME AND TYPE	STATUS Report	TOWN CD T258				
OFFENSE		LOCAL X-REF CODE	IBR CODE	ATT/COMP	OFFENSE DESCRIPTION				
MEDICAL - GENERAL		180	INF	Completed	Other/unknown				
CIU DIRECTED PATROL		19E	INF	Completed	Other/unknown				

On the above date Officer Vaillancourt and Sergeant Rocheville were conducting a directed patrol along the railroad tracks to the rear of the old Salem Oil and Grease. When we got to the railroad bridge we discovered a male subject floating in the North River wearing just shorts. We attempted to engage him in conversation, but he appeared to be under the influence of narcotics. When he responded to verbal stimuli he would make a moaning sound. After several minutes we were able to convince him to exit the water. Due to his level of intoxication he had a difficult time exiting the water. Officer Vaillancourt located clothing, a cell phone and sneakers on the opposite side of the river. He located a Massachusetts Drivers License in the name of [REDACTED] from [REDACTED] Street, Peabody. Officer Vaillancourt contacted Peabody P.D. who reported that [REDACTED] uses the illegal substance, "Bath Salts" and is extremely combative with law enforcement officers. [REDACTED] was transported to the NSMC via A/A without incident.

THE UNDERSIGNED, AN INVESTIGATOR HAVING BEEN DULY SWORN DEPOSES AND SAYS THAT: I AM THE WRITER OF THE ATTACHED POLICE REPORT PERTAINING TO THIS INCIDENT NUMBER. THAT THE INFORMATION CONTAINED THEREIN WAS SECURED AS A RESULT OF (1)MY PERSONAL OBSERVATION AND KNOWLEDGE; OR (2)INFORMATION RELAYED TO ME BY OTHER MEMBERS OF MY POLICE DEPARTMENT OR OF ANOTHER POLICE DEPARTMENT; OR (3)INFORMATION SECURED BY MYSELF OR ANOTHER MEMBER OF A POLICE DEPARTMENT FROM THE PERSON OR PERSONS NAMED OR IDENTIFIED THEREIN, AS INDICATED IN THE ATTACHED REPORT. THAT THE REPORT IS AN ACCURATE STATEMENT OF THE INFORMATION SO RECEIVED BY ME.

INVESTIGATOR SIGNATURE: <b>/SGT. HARRY ROCHEVILLE/</b>	INVESTIGATOR I.D.#: 55	SIGNED DATE: 07/24/2018	SUPERVISOR SIGNATURE <b>/SGT. HARRY ROCHEVILLE/</b>	SUPERVISOR I.D.#: 55
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# SALEM POLICE DEPARTMENT

95 Margin Street, Salem MA 01970  
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## CASE/INCIDENT REPORT

## SUPPLEMENTARY

CFS NO 1800019990	DAY 3	INCIDENT DATE 07/17/2018 07/17/2018	TIME 08:05	DATE OF RPT 07/17/2018	TIME OF RPT 09:48	TYPE OF INCIDENT ALARM - COMMERCIAL	INCIDENT CD ALMCOM	INVESTIGATING OFFICER Patrol Officer RONDINELLI, JESSICA	BADGE NO 185
DIVISION Patrol	DIVISION NO 24	REFERENCE DIVISION Patrol	REFERENCE DIVISION NO 24	CASE X-REFERENCE	UNIT ID 185	TYPIST JRONDINELL	DATE TYPED 07/17/2018	TIME TYPED 09:48	
STREET NO 00050	STREET NAME AND TYPE GROVE St SALEM	APARTMENT NO/LOCATION	INTERSECTING STREET NAME AND TYPE	STATUS Report	TOWN CD T258				
OFFENSE		LOCAL X-REF CODE	IBR CODE	ATT/COMP	OFFENSE DESCRIPTION				
ALARMS - COMMERCIAL		700	INF	Completed	Drug Store/doctors Office/hospital				
STATUS CODE C=COMPLAINANT V=VICTIM A=ARRESTEE J=JUVENILE H=OTHER M=MISSING W=WITNESS O=OFFENDER D=DRIVER S=SUSPECT P=POLICE OFFICER T=TOT									
STATUS	NAME	SEX	RACE	D.O.B.	TELEPHONE	ADDRESS	OP STATE & NO.		
H	Alternative Therapies Group				Fax (617) 674 - 2480	50 Grove St SALEM MA			
					Bus (978) 594 - 5728				
H	Pateal, Amy								

On Tuesday, July 17, 2018, I, Officer Rondinelli was assigned full uniform patrol in marked unit 24 between 8am - 4pm. At approximately 08:05am, Officer Scialdone (Unit 23) and I, responded to Alternative Therapies Group, located at 50 Grove Street, for a report of an alarm.

Upon arrival I spoke to Amy Pateal who stated that there were no issues and that the alarm must have been accidental. I walked around with Pateal and did not observe anything out of the ordinary. I advised her to contact the department if she needed further assistance.

THE UNDERSIGNED, AN INVESTIGATOR HAVING BEEN DULY SWORN DEPOSES AND SAYS THAT: I AM THE WRITER OF THE ATTACHED POLICE REPORT PERTAINING TO THIS INCIDENT NUMBER. THAT THE INFORMATION CONTAINED THEREIN WAS SECURED AS A RESULT OF (1)MY PERSONAL OBSERVATION AND KNOWLEDGE; OR (2)INFORMATION RELAYED TO ME BY OTHER MEMBERS OF MY POLICE DEPARTMENT OR OF ANOTHER POLICE DEPARTMENT; OR (3)INFORMATION SECURED BY MYSELF OR ANOTHER MEMBER OF A POLICE DEPARTMENT FROM THE PERSON OR PERSONS NAMED OR IDENTIFIED THEREIN, AS INDICATED IN THE ATTACHED REPORT. THAT THE REPORT IS AN ACCURATE STATEMENT OF THE INFORMATION SO RECEIVED BY ME.

INVESTIGATOR SIGNATURE: <b>/OFC. JESSICA RONDINELLI/</b>	INVESTIGATOR I.D.#: 185	SIGNED DATE: 07/17/2018	SUPERVISOR SIGNATURE <b>/SGT. ROBERT LUBAS/</b>	SUPERVISOR I.D.#: 116
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# SALEM POLICE DEPARTMENT

95 Margin Street, Salem MA 01970  
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Page 1 of 1

## CASE/INCIDENT REPORT

SUPPLEMENTARY

CFS NO 1800019528	DAY 5	INCIDENT DATE 07/12/2018 07/12/2018	TIME 10:46	DATE OF RPT 07/12/2018	TIME OF RPT 13:41	TYPE OF INCIDENT ALARM - COMMERCIAL	INCIDENT CD ALMCOM	INVESTIGATING OFFICER Patrol Officer GAGNON, DEEJAY	BADGE NO 137
DIVISION	DIVISION NO	REFERENCE DIVISION	REFERENCE DIVISION NO	CASE X-REFERENCE	UNIT ID 137	TYPYST DJGAGNON	DATE TYPED 07/12/2018	TIME TYPED 13:41	
STREET NO 00050	STREET NAME AND TYPE GROVE St SALEM	APARTMENT NO/LOCATION BALM	INTERSECTING STREET NAME AND TYPE	STATUS Report	TOWN CD T258				
OFFENSE		LOCAL X-REF CODE	IBR CODE	ATT/COMP	OFFENSE DESCRIPTION				
ELDER INVOLVED (OVER 60)		91W	INF	Completed	Other/unknown				
ALARMS - COMMERCIAL		700	INF	Completed	Other/unknown				
STATUS CODE C=COMPLAINANT V=VICTIM A=ARRESTEE J=JUVENILE H=OTHER M=MISSING W=WITNESS O=OFFENDER D=DRIVER S=SUSPECT P=POLICE OFFICER T=TOT									
STATUS	NAME	SEX	RACE	D.O.B.	TELEPHONE	ADDRESS	OP STATE & NO.		
H	HARRIS, Stanley	M							

ON 7/12/18 AT 10:46 I, OFFICER GAGNON RESPONDED TO 50 GROVE STREET FOR A COMMERCIAL ALARM.

STAN HARRIS, MAINTENANCE FOR GOLDBERG PROPERTIES STATED THAT HE SET OFF THE ALARM BY ACCIDENT. NO PROBLEMS REPORTED.

THE UNDERSIGNED, AN INVESTIGATOR HAVING BEEN DULY SWORN DEPOSES AND SAYS THAT: I AM THE WRITER OF THE ATTACHED POLICE REPORT PERTAINING TO THIS INCIDENT NUMBER THAT THE INFORMATION CONTAINED THEREIN WAS SECURED AS A RESULT OF (1)MY PERSONAL OBSERVATION AND KNOWLEDGE; OR (2)INFORMATION RELAYED TO ME BY OTHER MEMBERS OF MY POLICE DEPARTMENT OR OF ANOTHER POLICE DEPARTMENT;OR (3)INFORMATION SECURED BY MYSELF OR ANOTHER MEMBER OF A POLICE DEPARTMENT FROM THE PERSON OR PERSONS NAMED OR IDENTIFIED THEREIN, AS INDICATED IN THE ATTACHED REPORT. THAT THE REPORT IS AN ACCURATE STATEMENT OF THE INFORMATION SO RECEIVED BY ME.

INVESTIGATOR SIGNATURE: <b>/OFC. DEEJAY GAGNON/</b>	INVESTIGATOR I.D.#: 137	SIGNED DATE: 07/12/2018	SUPERVISOR SIGNATURE <b>/SGT. ROBERT LUBAS/</b>	SUPERVISOR I.D.#: 116
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## **CAD Remarks for Incident 1800019527**

IDLCHG: CJMCKENNA Created: 07/12/18 10:14:23:683 SALEMPD\cjmckenna  
POSSIBLE RABID POSSUM

IDLCHG: CJMCKENNA Created: 07/12/18 10:54:21:883 SALEMPD\cjmckenna  
CLEAR, REPORT TAKEN

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Records Division  
95 Margin Street  
Salem, MA 01970

# SALEM POLICE DEPARTMENT

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## CASE/INCIDENT REPORT REDACTED

CFS NO 1800019185	DAY 2	INCIDENT DATE 07/09/2018	TIME 11:23	DATE OF RPT 07/09/2018	TIME OF RPT 15:27	TYPE OF INCIDENT MEDICAL AID - COLD	INCIDENT CD MEDCLD	INVESTIGATING OFFICER Patrol Officer RYAN, DEVYN J.	BADGE NO 198
DIVISION Patrol	DIVISION NO 26	REFERENCE DIVISION	REFERENCE DIVISION NO	CASE X-REFERENCE	UNIT ID 198	DATE TYPED 07/09/2018	TIME TYPED 15:27	TOWN CD T258	
STREET NO 00050	STREET NAME AND TYPE GROVE St SALEM	APARTMENT NO/LOCATION	INTERSECTING STREET NAME AND TYPE	STATUS Report					

OFFENSE MEDICAL - GENERAL	LOCAL X-REF CODE 180	IBR CODE INF	ATT/COMP Completed	OFFENSE DESCRIPTION Other/unknown
MEDICAL - OVERDOSE	181	INF	Completed	Other/unknown
AMBULANCE ASSIST	20A	INF	Completed	Other/unknown

STATUS CODE C=COMPLAINANT V=VICTIM A=ARRESTEE J=JUVENILE H=OTHER M=MISSING W=WITNESS O=OFFENDER D=DRIVER S=SUSPECT P=POLICE OFFICER T=TOT

STATUS NAME [REDACTED] SEX [REDACTED] RACE [REDACTED] D.O.B. [REDACTED] TELEPHONE [REDACTED] ADDRESS [REDACTED] OP STATE & NO. [REDACTED]

On Monday, July 09, 2018 Officer Gross and I, Officer Ryan were assigned full uniform patrol in marked cruiser #26 shift 8AM-4PM. At approximately, 11:23AM we were dispatched to 50 Grove Street for a medical overdose.

Upon arrival we were met with [REDACTED] who stated she took three anxiety pills instead of her prescribed dose of two. [REDACTED] was alert and conscious when Atlantic Ambulance left the scene. [REDACTED] was transported to Beverly Hospital.

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95 Margin Street  
Salem, MA 01970

THE UNDERSIGNED, AN INVESTIGATOR HAVING BEEN DULY SWORN, DEPOSES AND SAYS THAT: I AM THE WRITER OF THE ATTACHED POLICE REPORT PERTAINING TO THIS INCIDENT NUMBER. THAT THE INFORMATION CONTAINED THEREIN WAS SECURED AS A RESULT OF (1) MY PERSONAL OBSERVATION AND KNOWLEDGE; OR (2) INFORMATION RELAYED TO ME BY OTHER MEMBERS OF MY POLICE DEPARTMENT OR OF ANOTHER POLICE DEPARTMENT; OR (3) INFORMATION SECURED BY MYSELF OR ANOTHER MEMBER OF A POLICE DEPARTMENT FROM THE PERSON OR PERSONS NAMED OR IDENTIFIED THEREIN, AS INDICATED IN THE ATTACHED REPORT. THAT THE REPORT IS AN ACCURATE STATEMENT OF THE INFORMATION SO RECEIVED BY ME.

INVESTIGATOR SIGNATURE:	INVESTIGATOR I.D.#:	SIGNED DATE:	SUPERVISOR SIGNATURE	SUPERVISOR I.D.#:
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# SALEM POLICE DEPARTMENT

95 Margin Street, Salem MA 01970  
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## CASE/INCIDENT REPORT REDACTED

SUPPLEMENTARY

CFS NO 1800018817	DAY 5	INCIDENT DATE 07/05/2018	TIME 09:39	DATE OF RPT 07/05/2018	TIME OF RPT 11:32	TYPE OF INCIDENT MEDICAL AID - HOT	INCIDENT CD MEDHOT	INVESTIGATING OFFICER Patrol Officer SCALDONE, MATTHEW	BADGE NO 173
DIVISION Patrol	DIVISION NO	REFERENCE DIVISION	REFERENCE DIVISION NO	CASE X-REFERENCE	UNIT ID 173	TYPIST MSCALDONE	DATE TYPED 07/05/2018	TIME TYPED 11:32	
STREET NO 00050	STREET NAME AND TYPE GROVE ST SALEM	APARTMENT NO/LOCATION	INTERSECTING STREET NAME AND TYPE	STATUS Report	TOWN CD T258				

OFFENSE MEDICAL - GENERAL	LOCAL X-REF CODE 180	IBR CODE INF	ATT/COMP Completed	OFFENSE DESCRIPTION Other/unknown
AMBULANCE ASSIST	20A	INF	Completed	Other/unknown
STATUS CODE C=COMPLAINANT V=VICTIM A=ARRESTEE J=JUVENILE H=OTHER M=MISSING W=WITNESS O=OFFENDER D=DRIVER S=SUSPECT P=POLICE OFFICER T=TOTAL	STATUS NAME H	SEX/RACE D O B	TELEPHONE	ADDRESS

ON 7/5/18 AT APPROXIMATELY 0939 HOURS, UNIT 23 SCALDONE RESPONDED TO 50 GROVE ST, ELLIOT HEALTH FOR A MEDICAL AID (FALL). UPON ARRIVAL [REDACTED] WAS ALERT AND WELL. SHE STATES SHE WAS DIZZY AND FELL. NO VISIBLE INJURIES. SHE WAS ASSISTED AND TRANSPORTED TO SALEM ES BY ATLANTIC AMBULANCE.

THE UNDERSIGNED, AN INVESTIGATOR HAVING BEEN DULY SWORN, DEPOSES AND SAYS THAT I AM THE WRITER OF THE ATTACHED POLICE REPORT PERTAINING TO THIS INCIDENT NUMBER.			
THAT THE INFORMATION CONTAINED THEREIN WAS SECURED AS A RESULT OF (1) MY PERSONAL OBSERVATION AND KNOWLEDGE; OR (2) INFORMATION RELAYED TO ME BY OTHER MEMBERS OF MY POLICE DEPARTMENT OR OF ANOTHER POLICE DEPARTMENT; OR (3) INFORMATION SECURED BY MYSELF OR ANOTHER MEMBER OF A POLICE DEPARTMENT FROM THE PERSON OR PERSONS NAMED OR IDENTIFIED THEREIN, AS INDICATED IN THE ATTACHED REPORT. THAT THE REPORT IS AN ACCURATE STATEMENT OF THE INFORMATION SO RECEIVED BY ME.			
INVESTIGATOR SIGNATURE:	INVESTIGATOR I.D.#:	SIGNED DATE:	SUPERVISOR SIGNATURE
			Records Division Supervisor I.D.# 95 Margin Street Salem, MA 01970